

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 0983 2236		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3		1					53				
4		2					54				
5		2					55				
6	1						56				
7	1						57				
8		1					58				
9		1					59				
10		1					60				
11		1					61				
12		1					62				
13		+2					63				
14		+2					64				
15		1					65				
16							66				
17							67				
18							68				
19							69				
20							70				
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39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3						TOTAL IND.				
TOTAL DEP.	14						TOTAL DEP.				
TOTAL CLAIMS	17						TOTAL CLAIMS				